

TRANSMITTAL FORM	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/530,631-Conf. #8978</td> </tr> <tr> <td>Filing Date</td> <td>April 7, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Koshi Yamaguchi</td> </tr> <tr> <td>Art Unit</td> <td>3677</td> </tr> <tr> <td>Examiner Name</td> <td>C. Y. Mah</td> </tr> <tr> <td>Attorney Docket Number</td> <td>12088/030001</td> </tr> </table>	Application Number	10/530,631-Conf. #8978	Filing Date	April 7, 2005	First Named Inventor	Koshi Yamaguchi	Art Unit	3677	Examiner Name	C. Y. Mah	Attorney Docket Number	12088/030001
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(to be used for all correspondence after initial filing)													
Total Number of Pages in This Submission													

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Part B - Fee(s) Transmittal
<div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 5px; display: flex; align-items: center;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	OSHA - LIANG LLP		
Signature			
Printed name	Jonathan P. Osha		
Date	December 21, 2007	Reg. No.	33,986